

COMPLIANCE CHECKLIST**▷ Outpatient Oncology**

A separate Checklist must be completed for each outpatient suite.

The following Checklist is for plan review of clinics and hospital outpatient facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Hospital and Health Care Facilities, 2001 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Clinic Licensure Regulations 105 CMR 140.000. Applicants must verify project compliance with all the requirements of the Guidelines, Licensure Regulations & Policies when filling out this Checklist, and must include the DPH Affidavit when submitting project documents for self-certification or abbreviated review.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code and applicable related standards contained in the appendices of the Code.
- 708 CMR, the State Building Code.
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board.
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following codes, unless otherwise directed. If an entire Checklist section is affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) next to the section title. If more than one space serves a given required function (e.g. patient room or exam room), two codes separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

X = Requirement is met.

☒ = Check this box under selected checklist section titles or individual requirements for services that are not included in the project.

E = Functional space or area is existing and not affected by the construction project; this category does not apply if the existing space or area will serve a new or relocated service or if the facility is currently not licensed & applying for licensure.

W = Waiver requested for Guidelines, Regulation or Policy requirement that is not met (for each waiver request, complete separate waiver form & list the requirement ref. # on the affidavit).

3. Mechanical, plumbing and electrical requirements are only partially mentioned in this checklist.
4. Items in *italic*, if included, refer to selected recommendations of the Appendix of the Guidelines, adopted by policy.
5. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.

Facility Name:

Dates:

.....

Initial:

Facility Address:

Revisions:

.....

Satellite Name: (if applicable)

DON Identification: (if applicable)

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Satellite Address: (if applicable)

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Project Reference:

Building/Floor Location:

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ARCHITECTURAL REQUIREMENTS**OUTPATIENT SUPPORT AREAS**

Note: Compliance Checklist OP1 must be completed and attached to this Checklist.

9.2.B CLINICAL FACILITIES

- 9.2.B1 ☐ Exam rooms
 ☐ min. 80 sf
 ☐ min. 2'-8" clearance at sides & foot of exam table
 ☐ charting counter/shelf
- 9.2.B3 ☐ Treatment rooms
 ☐ check if service not included in project
 ☐ min. 120sf
 ☐ min. dimension 10'-0"
- Policy ☐ Infusion treatment area
 ☐ check if service not included in project
 ☐ Infusion stations
 ☐ cubicle curtains for privacy
 ☐ min. 80 sf per cubicle
 ☐ min. 4'-0" clearance between adjacent infusion beds or recliners
- 9.2.B5 ☐ Nurse station
 ☐ work counter
 ☐ space for supplies
 ☐ charting space
- 9.2.B6 ☐ Drug distribution station
 ☐ check if service not included in project
 ☐ work counter
 ☐ locked storage
 ☐ refrigerator
 ☐ under visual supervision from staff station
- Policy
- 7.17.F4 ☐ Preparation of IV solutions
 ☐ check if service not included in project
 ☐ sterile work area with laminar-flow work station for product protection
- 9.2.B7/
140.204 ☐ Clean utility room
 ☐ no material processing: **or** ☐ material processing:
 ☐ clean storage room ☐ clean workroom
 ☐ work counter
 ☐ handwashing station
 ☐ storage facilities
- 9.2.B8
140.204/
Policy ☐ Soiled workroom
 ☐ work counter or shelf
 ☐ space for holding waste & soiled linen containers
- 9.2.B9 ☐ Sterile supplies
 ☐ sterilizing facilities
 ☐ on-site **or** ☐ off-site
 or
 ☐ no reusable supplies

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- ☐ Handwashing station
☐ Vent. min. 6 air ch./hr
☐ Portable or fixed exam light
☐ Min. 2 el. duplex receptacles
- ☐ Handwashing station
☐ Vent. min. 6 air ch./hr
☐ Portable or fixed exam light
☐ Min. 2 el. duplex receptacles
- ☐ Handwashing stations
 ☐ one for each 4 infusion stations
☐ Vent. min. 6 air ch./hr
- ☐ Duplex receptacle(s)
☐ Communications system
- ☐ Handwashing station
☐ Duplex receptacle(s)
- ☐ Handwashing station
☐ HEPA filters & pressure gauge at laminar flow work station
- ☐ Vent. min. 4 air ch./hr
- ☐ Handwashing station
☐ Clinical flushing-rim sink
☐ Vent. min. 10 air ch./hr
 ☐ negative pressure
 ☐ air exhausted to outdoors
☐ Duplex receptacle(s)

ARCHITECTURAL REQUIREMENTS9.2.D ☐ SPECIMEN COLLECTION

- 9.2.D1 ☐ Work counter
- 9.2.D3 ☐ Storage cabinets
- 9.2.D4 ☐ Urine & feces collection toilet room
☐ equipped with shelf
- ☐ Blood collection station
☐ patient seating space
☐ work counter
☐ storage cabinets

7.12 ☐ LABORATORY

- ☐ check if service not included in project
- ☐ Operated by ☐ the clinic **or** ☐ Independently operated & licensed (if so, do not complete this section)

7.12.A ☐ Lab. work counters with space for appropriate equipment7.12.D ☐ Storage facilities, incl. refrigeration, for reagents, equipment, supplies, etc.

7.12.F ☐ Chemical safety provisions, including

☐ emergency shower

☐ emergency eyewash

☐ storage for flammable liquids

7.12.H ☐ Radioactive materials procedures

☐ check if service not included in project

☐ provisions for storage & disposal of radioactive materials

7.12.I ☐ Administrative areas, including

☐ office(s)

☐ clerical and filing area(s)

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**☐ Sink

☐ Handwashing station

☐ Vent. min. 10 air ch./hr (exhaust)

☐ Handwashing station

☐ Vent. min. 6 air ch./hr

☐ Sinks

☐ Electrical receptacles

☐ Sinks equipped for handwashing

☐ Autoclave or elec. oven for terminal sterilization of contaminated specimens before transport

☐ Ventilation provided as per 7.31.D1.c

☐ Fume hoods provided as per 7.31.D15

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

7.11.H	<u>RADIOTHERAPY SUITE</u> <input type="checkbox"/> check if service <u>not</u> included in project	
	___ Simulator room	___ Vent. min. 6 air ch./hr
7.11.H4	___ sized to accommodate equipment & staff and service access to equipment & patient	
A7.11.H4	___ <i>min. 260 sf of area for simulator room</i>	
	___ Linear accelerator room <input type="checkbox"/> check if service <u>not</u> included in project	
7.11.H4	___ sized to accommodate equipment & staff and service access to equipment & patient	___ Vent. min. 6 air ch./hr
A7.11.H4	___ <i>min. 680 sf of area for lin. ac. room with maze</i>	
7.11.K1	___ mold room	___ Handwashing station ___ Exhaust hood
7.11.K2	___ block room (may be combined with mold room) ___ storage facilities	
	___ Cobalt room <input type="checkbox"/> check if service <u>not</u> included in project	
7.11.H4	___ sized to accommodate equipment & staff and service access to equipment & patient	___ Vent. min. 6 air ch./hr
A7.11.H4	___ <i>min. 450 sf of area for cobalt room with maze</i>	
7.11.L1	___ hot lab	___ Vent. min. 6 air ch./hr ___ negative pressure ___ air directly exhausted to outdoors
7.11.I	___ <u>Radiotherapy Support Areas</u> (may be shared with other departments)	
7.11.I2	___ Exam room for each treatment room ___ min. 100 sf	___ Handwashing station ___ Vent. min. 6 air ch./hr
7.11.I3	___ Darkroom ___ convenient to treatment rooms & quality control	___ Sink for cleaning of processor racks ___ Vent. min. 10 air ch./hr (exhaust)
7.11.I4	___ Patient gowning area ___ safe storage for clothing and valuables ___ at least 1 changing space for assisted dressing	
7.11.I5	___ Business office and/or reception/control area	
7.11.I6	___ Housekeeping room ___ storage for equipment and supplies	___ Service sink or floor receptor ___ Vent. min. 10 air ch./hr (exhaust)
7.11.I7	___ Film file area	
7.11.I8	___ storage area for unprocessed film	
7.11.J	<u>Optional Radiotherapy Support Areas</u> <input type="checkbox"/> check if services <u>not</u> included in project	
7.11.J1	___ Quality control area	___ View boxes with consistent lighting
7.11.J2	___ Computer control area ___ located outside entry to treatment rooms	
7.11.J3	___ Dosimetry equipment area	
7.11.J4	___ Hypothermia room	___ Vent. min. 6 air ch./hr
7.11.J5	___ Consultation room	
7.11.J6	___ Oncologist's office	
7.11.J7	___ Physicist's office	
7.11.J8	___ Treatment planning & record room	
7.11.J9	___ Work station/nutrition station	

GENERAL STANDARDS**Details and Finishes**

- Outpatient corridors (9.2.H1.a)
 - ☐ min. corridor width 5'-0"
- Staff corridors
 - ☐ min. corridor width 44"
- ☐ Two remote exits from each outp. facility suite & floor
- ☐ Fixed & portable equipment recessed does not reduce required corridor width (9.2.H1.c)
- ☐ Work alcoves include standing space that does not interfere with corridor width
 - ☐ check if function not included in project
- Doors:
 - ☐ doors min. 3'-0" wide (9.2.H1.d)
 - ☐ all doors are swing-type (Policy)
 - ☐ doors do not swing into corridor (Policy)
- ☐ Glazing (9.2.H1.e):
 - ☐ safety glazing or no glazing under 60" AFF & within 12" of door jamb
- ☐ Thresholds & expansion joints flush with floor surface
- ☐ Handwashing stations located for proper use & operation (9.2.H1.g)
 - ☐ min. 15" from centerline to side wall (Policy)
- Vertical clearances (9.2.H1.j):
 - ☐ ceiling height min. 7'-10", except:
 - ☐ 7'-8" in corridors, toilet rooms, storage rooms
 - ☐ sufficient for ceiling mounted equipment
 - ☐ min. clearance 6'-8" under suspended pipes/tracks
- Floors (9.2.H2.c):
 - ☐ floors easily cleanable & wear-resistant
 - ☐ washable flooring in rooms equipped with handwashing stations (Policy)
 - ☐ non-slip floors in wet areas
 - ☐ wet cleaned flooring resists detergents
- Walls (9.2.H2.d):
 - ☐ wall finishes are washable
 - ☐ smooth/water-resist. finishes at plumbing fixtures

Mechanical (9.31.D)

- ☐ Mech. ventilation provided per Table 7.2
- ☐ Exhaust fans located at discharge end
- ☐ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes
- ☐ Contaminated exhaust outlets located above roof
- ☐ Ventilation openings at least 3" above floor
- ☐ Central HVAC system filters provided per Table 9.1

Plumbing (9.31.E)

- Handwashing station equipment
 - ☐ handwashing sink
 - ☐ hot & cold water
 - ☐ single lever or wrist blades faucet
 - ☐ soap dispenser
 - ☐ hand drying facilities
- Sink controls (9.31.E1):
 - ☐ hands-free controls at all handwashing sinks
 - ☐ blade handles max. 4½" long
 - ☐ blade handles at clinical sinks min 6" long
- ☐ Non-slip walking surface at tubs & showers

Electrical (9.32)

- ☐ All occupied building areas shall have artificial lighting (9.32.D3)
- ☐ Emergency power complies with NFPA 99, NFPA 101 & NFPA 110 (9.32.H)